PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

OCT 2 5 2005 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE duction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number ider the Paperwork L'ALDEN! Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 09/839,137 FEE TRANSMITTAL Filing Date April 23, 2001 For FY 2005 First Named Inventor Akira AKASHI **Examiner Name** P. Edwards Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2621 Attorney Docket No. **TOTAL AMOUNT OF PAYMENT** 00862.022206 (\$) METHOD OF PAYMENT (check all that apply) None Other (please identify): Check Credit Card Money Order 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments lх fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee(\$) Fee(\$) Fee (\$) Fee (\$) Fee (\$) Fee(\$) Utility 300 150 500 250 200 100 130 65 Design 200 100 100 50 300 150 160 80 Plant 200 100 Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES Small Entity Fee(\$) Fee Description Fee(\$) 25 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims 360 **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) - 8 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) _____ (round **up** to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY

Registration No.

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202-530-1010

Date: October 25, 2005

Signature

Name (Print/Type)

Brian L. Klock



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
• •	:	Examiner: P. Edwards
Akira AKASHI)	
	:	Group Art Unit: 2621
Application No.: 09/839,137)	
	:	
Filed: April 23, 2001)	
	:	
For: IMAGE RECORDING METHOD)	October 25, 2005
AND APPARATUS	:	

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 26, 2005, please amend the application as follows: